STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL DIVISION OF BOILER SAFETY

APPLICATION FOR EXAMINATION

I hereby make application f Pressure Vessels, and certify that the f			sion as a Special Inspector of Boilers and	
Name in full			Age	
	(Print or Type)			
Birthplace(City or Town)		Present residence	(Number, street, city, state, zip code)	
(City or Town)	(State or County)		(Number, street, city, state, zip code)	
Employed by				
My business address with the above na	amed Company will be	at		
•		(Number, st	reet, city, state, zip code)	
Are you a citizen of the U.S.?				
1 School Education		Dagraa		
School Education Degree _		Degree	(M.E., E.E., C.E., ETC.)	
2. BO	OII ER OR PRESSIIRE	VESSEL SHOP EXPERIEN	ICE	
Employer's Name		od of Employment	Employed as	
Employer s rvanic		d of Employment	Employed as	
	From	to		
	From	to		
	From	to		
3. BOILER	R OR PRESSURE VES	SEL INSTALLATION EXP	ERIENCE	
Employer's Name	*Perio	od of Employment	Employed as	
	From	to		
	From	to		
		10		
A DOUG	From FROM PRESSURE VE	to	DIENCE	
4. BOIL1 Employer's Name		SSEL OPERATING EXPER ad of Employment	Employed as	
Employer's Name	Tene	d of Employment	Employed as	
	From	to		
	From	to		
	From	to		
5. BOILE	•	SSEL INSPECTION EXPER	RIENCE	
Employer's Name	*Period of Employment		Employed as	
	From	to		
	From	to		
*Give month and year of each period of Employ	From	to		
			D .	
6. National Board examinations taker	1	(State)	Date	
7. Kind of examinations taken			Certificate No.	
. Ising of examinations taken				

school	dates of attendance	certificate?	
instruments used in training		instruments used in your plant	
D. Experience in inspection of unfired pressure vesses	els?	<u> </u>	
years	company	type of plant	
. Have you had training or experience in welding?		<u> </u>	
school	employed by	years	
2. Have you had training or experience in metalurgy	7?	<u> </u>	
school	certificate?	Dates	
(Only applicable if applying under owner-user provisions Sec	etion VIII E-2)		
8. Name of Professional Engineer in your plant resp	onsible for the		
Inspection Department		Degree	
Delaware P.E. Number		Date of expiration	
(This app	lication to be sworn to before a Notary P	ublic)	
worn to and subscribed before me on this, the		day of	
, <u> </u>			
(Signature of Applicant)		Notary Public	

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